

11 #008
* RAY GRUBBS
108 WINDSONG CV.
RIDGELAND 39157

WARNING TO PERSONS EXECUTING THIS DOCUMENT 559052

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the attorney in fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to give consent to your doctor to withhold treatment or to stop treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

I certify that I have read the above Warning.


EUGENE LAFOY SMITH

Dated: 9th day of February, 2008

P 10/24/08 9:53:38^{SS}
BK 129 PG 76
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

THIS DOCUMENT PREPARED BY:

Eulyse M. Smith, Attorney
4917 William Arnold Road
Memphis, TN 38117
(901) 683-0223

**DURABLE POWER OF ATTORNEY
 INCLUDING HEALTHCARE**

I. APPOINTMENT OF ATTORNEY-IN-FACT

a. I, **EUGENE LAFOY SMITH**, residing at 2160 Mangum Road, Memphis, TN 38134, have made, constituted and appointed and by these presents do make, constitute and appoint my daughter, **DEBRA SMITH GRUBBS**, as my true and lawful attorney ("Attorney"), with full power of substitution under the Uniform Durable Power of Attorney Act (Tenn. Code Ann. 34-6-101, et seq.), and shall include all powers granted therein and as may be subsequently amended by the Tennessee State Legislature.

b. This power of attorney shall not be affected by my subsequent disability or incapacity. I intend for the authority conferred on my attorney herein to be exercisable by her notwithstanding any such disability or incapacity.

II. POWERS

In addition to any and all powers conferred by statute or general rules of law or by other provisions of this Power of Attorney upon my Attorney, and without the necessity of procuring any judicial authority thereof or approval therefor (and regardless of whether I am later mentally disabled or incapable of managing my property and income), I direct that my Attorney shall have the following discretionary powers:

I authorize my Attorney, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time owned or held by me, to have all of the powers contained in the introductory paragraph and subparagraphs of Section 34-6-109, Tennessee Code Annotated (Public Acts of 1991, Chapter 197, Section 3), and I hereby incorporate by reference said Code Section in its entirety as completely as if copied herein verbatim. I further direct that these powers shall be liberally construed in favor of my Attorney and that in the event the legislature of the State of Tennessee amends or repeals all or any part of said statutes, the powers in effect at the date of the execution of this Power of Attorney, hereinabove specified, shall remain without diminution or restriction as the authorized powers of my Attorney. In addition, my Attorney shall have the following specific powers:

a. Monies. To use the funds in any account of mine on deposit with any bank where I might have same or any other financial institution, for my health, support, and comfort; to collect any monies due me; to make deposits and withdrawals whether by check or otherwise; to renew or not renew any certificates of deposit; and to have full access to the contents of my safe deposit box at any bank where I might have same.

b. Personal Property. To buy, sell or otherwise deal with personal property on my behalf, including but not limited to clothing, jewelry, furniture, furnishings, and other household or personal effects.

c. Real Estate. To sell, rent, maintain, and otherwise deal with my real estate upon such terms and conditions as my attorney-in-fact may determine to be in my best interests (including the power to take back a purchase money mortgage in part payment of the purchase price in the event of a sale).

d. Medical Care. I grant to my Attorney full authority to make decisions for me regarding my health care. In exercising this authority, my Attorney shall follow my desires as stated in this document or otherwise known to my Attorney. In making any decision, my Attorney shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my Attorney cannot determine the choice I would want made, then my Attorney shall make a choice for me based upon what my Attorney believes to be in my best interests. My Attorney's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below. Accordingly, unless specifically limited by Section 4 below, my Attorney is authorized as follows:

- (1) To consent, refuse, or withdraw consent to any and all types of medical care as such term is defined in Tenn Code Ann. Section 32-11-103(5), treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation and to consent to writing of a "No Code" or "Do Not Resuscitate" order;
- (2) To have access to medical records and information, verbal or written, to the same extent that I am entitled to, including the right to disclose the contents to others;
- (3) To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service.
- (4) To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts and provided any present long-term health care insurance is insufficient.
- (5) To hire and fire medical, social service, and other support personnel responsible for my care;
- (6) To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;
- (7) To take any other action necessary to do ~~what~~ I authorize here, including (but not limited to) granting any waiver, or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply.
- (8) To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law.
- (9) To make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Agent shall deem appropriate, if I have not already done so myself.

STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS

- (1) The powers granted above do not include the following powers or are ~~subject to~~ the following rules or limitations:

d. Medical Care. I grant to my Attorney full authority to make decisions for me regarding my health care. In exercising this authority, my Attorney shall follow my desires as stated in this document or otherwise known to my Attorney. In making any decision, my Attorney shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my Attorney cannot determine the choice I would want made, then my Attorney shall make a choice for me based upon what my Attorney believes to be in my best interests. My Attorney's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below. Accordingly, unless specifically limited by Section 4 below, my Attorney is authorized as follows:

- (1) To consent, refuse, or withdraw consent to any and all types of medical care as such term is defined in Tenn Code Ann. Section 32-11-103(5), treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation and to consent to writing of a "No Code" or "Do Not Resuscitate" order;
- (2) To have access to medical records and information, verbal or written, to the same extent that I am entitled to, including the right to disclose the contents to others;
- (3) To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service.
- (4) To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts and provided any present long-term health care insurance is insufficient.
- (5) To hire and fire medical, social service, and other support personnel responsible for my care;
- (6) To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;
- (7) To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver, or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply.
- (8) To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law.
- (9) To make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Agent shall deem appropriate, if I have not already done so myself.

STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS

- (1) The powers granted above do not include the following powers or are subject to the following rules or limitations:

(2) Relationship of this Document to Living Will.

Nothing herein shall negate the provisions of my Living Will (a signed copy of which is attached hereto), and my Agent is prohibited from ordering or consenting to any medical care, as such term is defined in Tenn. Code Ann. Section 31-11-105(5), that is contrary to my Living Will.

I specifically authorize my Agent to make health care decisions if I have a terminal condition, as defined in Tenn. Code Ann. Section 31-11-103(8), and to direct the withholding or withdrawal of medical care in such event, permitting me to die naturally with only the administration of palliative care as defined in Tenn. Code Ann. Section 31-11-103(6).

(3) Artificially Provided Nourishment and Fluids:

By checking the appropriate line below I specifically:

☒ authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

☒ DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

e. Other Acts. To take any and all action on my behalf as fully and effectively as if I were personally present. In conferring this general power of attorney on **DEBRA SMITH GRUBBS**, I am fully aware of the broad authority being granted, and express my full confidence in her.

III. SUCCESSORS.

If any Agent named by me shall die, become legally disabled, resign, refuse to act, be unavailable, or (if any Agent is my spouse) be legally separated or divorced from me, I name the following (each to act alone and successively, in the order named) as successors to my Agent.

Alternate Agent: **Micah Smith Crisp**
 Address: **7866 Hummingbird Lane, Olive Branch, MS 38654**
 Telephone: **662-895-2839**

III. PROTECTION OF THIRD PARTIES WHO RELY ON MY AGENT.

No person who relies in good faith upon any representations by my Agent or Successor Agent shall be liable to me, my estate, my heirs or assigns, for recognizing the Agent's authority.

IV. NOMINATION OF GUARDIAN.

If a guardian or conservator of my person should for any reason be appointed, I nominate my Agent (or his or her successor), named above.

V. ADMINISTRATIVE PROVISIONS.

- A. I revoke any prior power of attorney.
- B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.
- C. My Agent shall not be entitled to compensation for services performed under this power of attorney, but he or she shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision of this power of attorney.

- D. The powers delegated under this power of attorney are ^{BOOK 2295 PAGE 0188}separable, so that the invalidity of one or more powers shall not affect the others.

VI. RATIFICATION OF ACTS

I do hereby ratify and confirm all acts done by my attorney-in-fact under this durable power of attorney. All third parties acting in good faith reliance on this power shall be absolved of any liability pursuant to the provisions of the Uniform Durable Power of Attorney Act.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I sign my name to this Power of Attorney Including Health Care on this 8th day of February, 2008.


My current home address is: 2160 Mangum Road, Memphis, TN 38134


EUGENE LAFOY SMITH

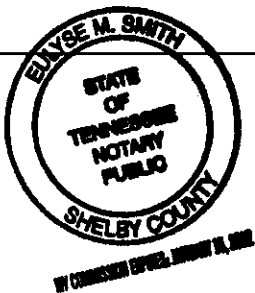
STATE OF TENNESSEE COUNTY OF SHELBY

On this 8th day of February, 2008, before me, a Notary Public in and for said State and County, duly commissioned and qualified, personally appeared **EUGENE LAFOY SMITH**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Witness my hand and Notarial Seal at office the day and year first above written.


NOTARY PUBLIC

My Commission Expires:



BOOK 2295 PAGE 0189

AFFIDAVIT OF WITNESSES

I declare under penalty of perjury under the laws of Tennessee that the person who signed or acknowledged this document is personally known to me to be the Principal, that Principal signed or acknowledged this health care power of attorney in my presence, that the Principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution. I further declare under penalty of perjury under the laws of Tennessee that I am not related to the Principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the estate of the Principal upon the death of the Principal under a will now existing or by operation of law.

Witnesses:

Jennifer J. George
Lora G. Eytchison

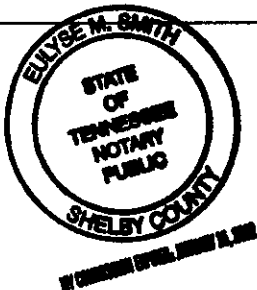
STATE OF TENNESSEE
COUNTY OF SHELBY

On this 28th day of February, 2008, before me, a Notary Public in and for said State and County, duly commissioned and qualified, personally appeared Jennifer J. George and Lora G. Eytchison, to me known to be the persons described in and who witnessed the foregoing instrument, and acknowledged that they witnessed the same as their free act and deed.

Witness my hand and Notarial Seal at office the day and year first above written.

Evelyn M. Smith
 NOTARY PUBLIC

My Commission Expires:



No LEGAL Desc.

MADISON COUNTY MS This instrument was
 filed for record March 13, 2008 at 2:10 P.M.

Book 2295 Page 183
 ARTHUR JOHNSTON, C. C.

BY: [Signature] D.C.

